

County of San Diego Health and Human Services Agency



Children's Mental Health Services

Systemwide Annual Report, FY2009-10

Children's Mental Health Services

Systemwide Annual Report



Health and Human Services Agency
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Acknowledgements

Our sincere appreciation to the youth, families, and staff who gave their time to complete the evaluations and surveys necessary to produce this report. A special thanks to the clerical and support staff who faithfully transmitted the data for their programs.

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Introduction

Systemwide Annual Report

This report summarizes cumulative system and clinical outcomes for children and adolescents served by San Diego County Mental Health Services in Fiscal Year 09-10 (July 2009-June 2010). Children's Mental Health Services primarily served children and adolescents ranging in age from 0-17 years old, with a small number of programs serving young adults, 18 to 25 years old, who are transitioning to adult services.

Children's System of Care

San Diego County Mental Health Services operates a Children's System of Care (CSOC) program. The CSOC is a comprehensive, integrated, community-based, family-centered and clinically sound structure for delivery of mental health and related supportive services to the children of San Diego County. The SOC takes a broad approach, having evolved over time through the collaboration of its stakeholders: families and youth receiving services, public sector agencies, and private providers. The multi-sector Children's System of Care Council meets on a monthly basis to provide community oversight for the System of Care.

The Importance of Assessment

Assessing the outcomes of mental health services in valid and reliable ways is critical to the development and maintenance of effective services. A core value and principle of the System of Care is to be accountable through clear outcomes, valid evaluation methods and proficient data management systems.

Key Findings

Children's Mental Health Services, Fiscal Year 2009-10

1. Approximately 17,700 youth received services through the San Diego County Mental Health System, a slight decrease from nearly 17,800 in FY08-09.
2. More than 50% of clients were Hispanic.
3. Over 60% of clients were male.
4. The four most common diagnoses were oppositional defiant disorders, depressive disorders, adjustment disorders, and ADHD.
 - There were considerable differences in the distribution of diagnoses by racial/ethnic groups.
5. 9% (1,645) of clients had substance abuse issues, as compared to 8% in FY08-09.
 - The majority of these youth received substance abuse counseling as part of their EPSDT mental health services; 46% of these clients received treatment from Alcohol and Drug Services (ADS).
6. The mean number of service hours received decreased for all Therapy services in FY09-10, as treatment emphasis shifted to short-term therapy.
7. The percentage of clients also receiving Child Welfare services has declined over the past five years, from 25% in FY05-06 to 17% in FY09-10.

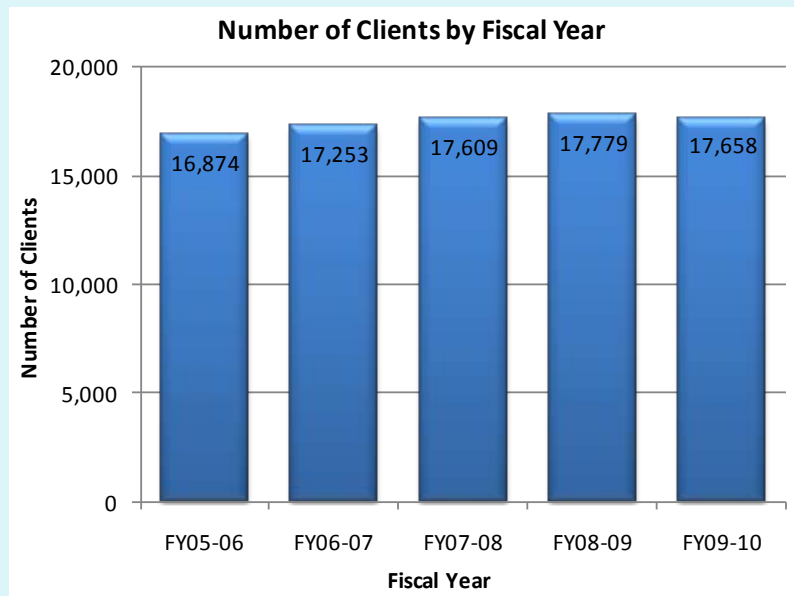
Key Findings, continued

8. 3% (598) of clients used Inpatient (IP) services in FY09-10.
 - 26% of IP clients received multiple IP services within the fiscal year; this has increased slightly from 24% in FY08-09.
 - The proportion of IP clients re-admitted to IP services within 30 days of the previous IP discharge increased from 39% in FY08-09 to 51% in FY09-10.
9. 5% (930) of clients used Emergency Screening unit (ESU) services in FY09-10.
 - 14% of ESU clients had multiple ESU visits within the fiscal year; this has dropped dramatically over the past three years, from 39% in FY07-08.
 - The proportion of ESU clients with multiple ESU visits who were readmitted to ESU services within 30 days of the previous ESU discharge dropped from 60% in FY08-09 to 49% in FY09-10.
10. One-third of clients, ages 13 and older, reported that they did not live with their parents at some point during the last 6 months.
11. Youth experienced improvements in behavior, emotional well-being, and social competence as a result of having received mental health services, as measured by the Parent and Youth CAMS (Child and Adolescent Measurement System) assessment tools.
12. Youth and Parent satisfaction with mental health services received was greater than 70%, as reported on the Youth Services Survey (YSS).

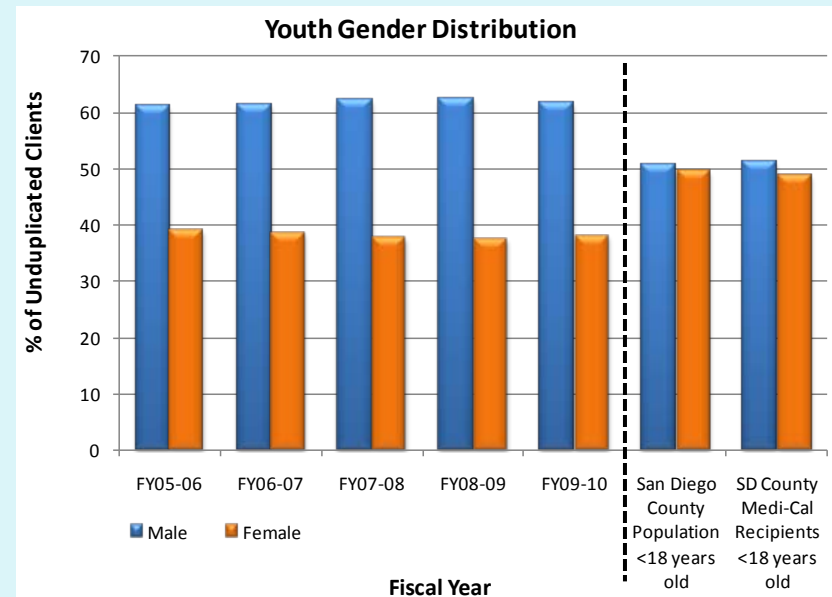
Who Are We Serving?

Over 60% of the nearly 17,700 youth served by San Diego County Mental Health Services in FY09-10 were male, whereas the County youth population was more evenly divided between males and females.

Number/Gender of Clients



- ❖ In Fiscal Year 2009-10, San Diego County delivered mental health services to almost 17,700 youth.



- ❖ The majority of Mental Health Services youth clients served in Fiscal Year 2009-10 were male.
- ❖ The male to female client ratio is not reflective of San Diego County general or Medi-Cal youth populations, which are more evenly distributed.
- ❖ This trend has remained consistent for the past 5 years.

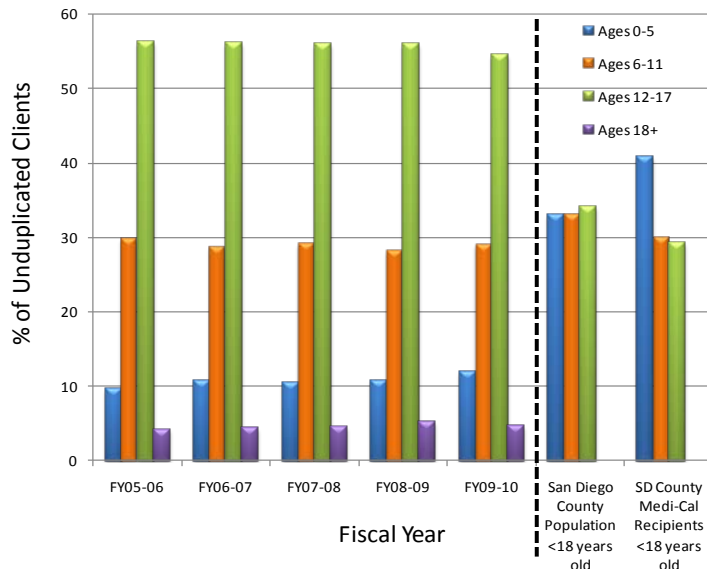
Who Are We Serving?

The majority of clients were 12-17 years old and of Hispanic ethnicity.

Age of Clients

- ❖ Adolescents (ages 12-17) make up nearly 55% of clients.
- ❖ The percentage of school-age clients (6-11 years) has remained less than 30% of the total population over the past 5 years.
- ❖ Children ages 0-5 comprise almost 12% of the population.

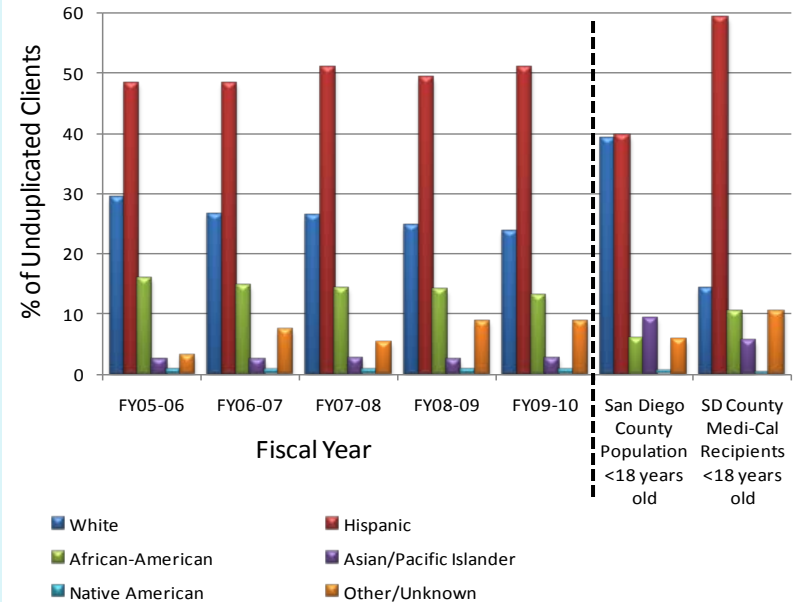
Youth Age Distribution



Client Race & Ethnicity

- ❖ More than half of clients receiving services identified themselves as Hispanic.
- ❖ A larger percentage of African-American clients and a smaller percentage of Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population.

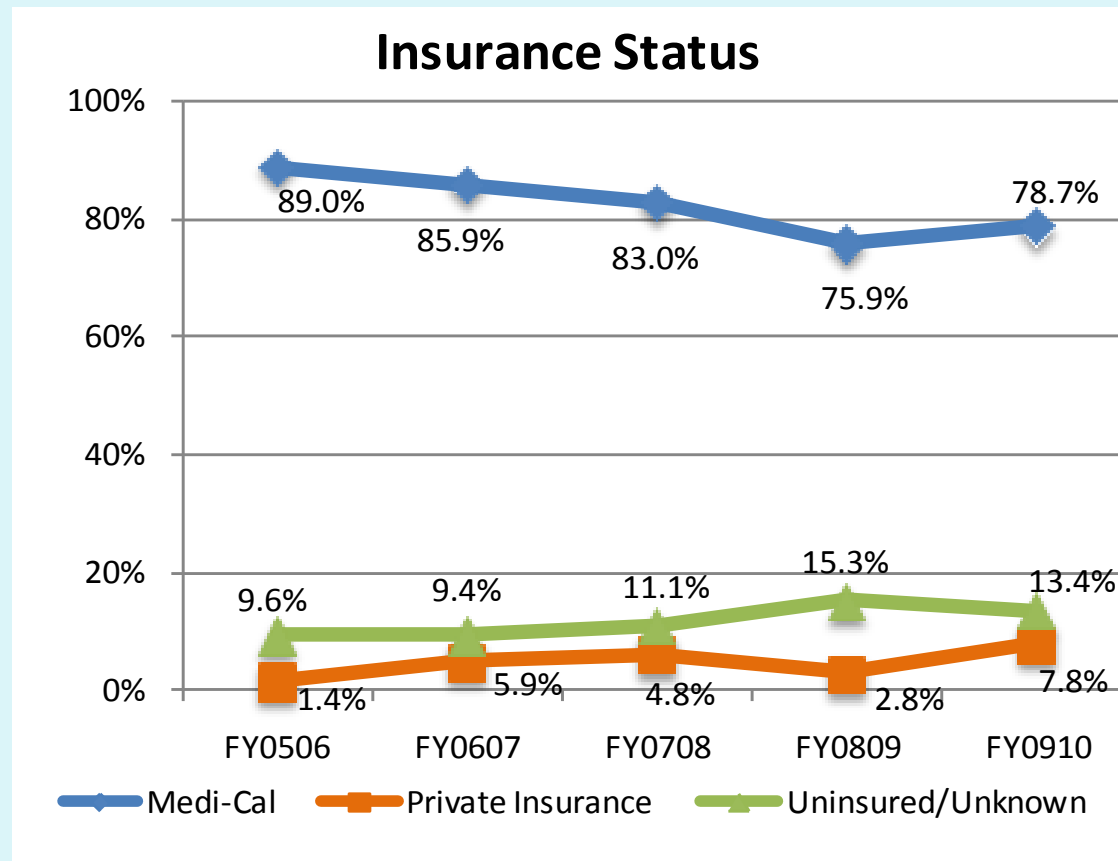
Youth Race/Ethnicity Distribution



Who Are We Serving?

Over three-quarters of children and youth receiving services from San Diego County Mental Health were covered by Medi-Cal.

Health Care Coverage



❖ Medi-Cal was used at least once for 79% of clients during FY09-10, as compared to 40% of clients in the Adult Mental Health Service system.

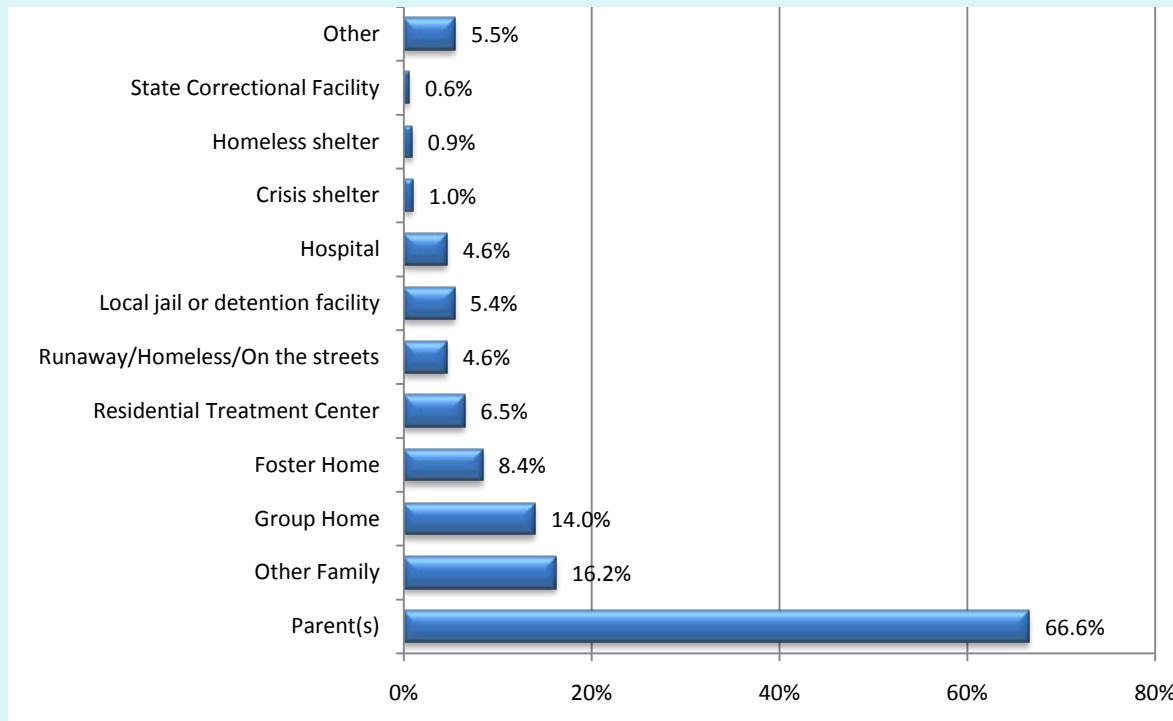
❖ The percentage of clients with Medi-Cal showed a slight increase in FY09-10, following a steady decrease from FY05-06 to FY08-09.

Who Are We Serving?

The majority of children receiving San Diego County Mental Health Services lived with their parents at some point during FY09-10.

*Client Living Situation**

A total of 3,346 youth (age 13+) responded to a question about their living situation during the previous six months on the 2009-10 Youth Services Survey.



❖ 33% of youth reported they did not live with their parents at some point in the previous six months, slightly more than 32% in FY08-09.

*Children may have had more than one living situation in the 6-month period.

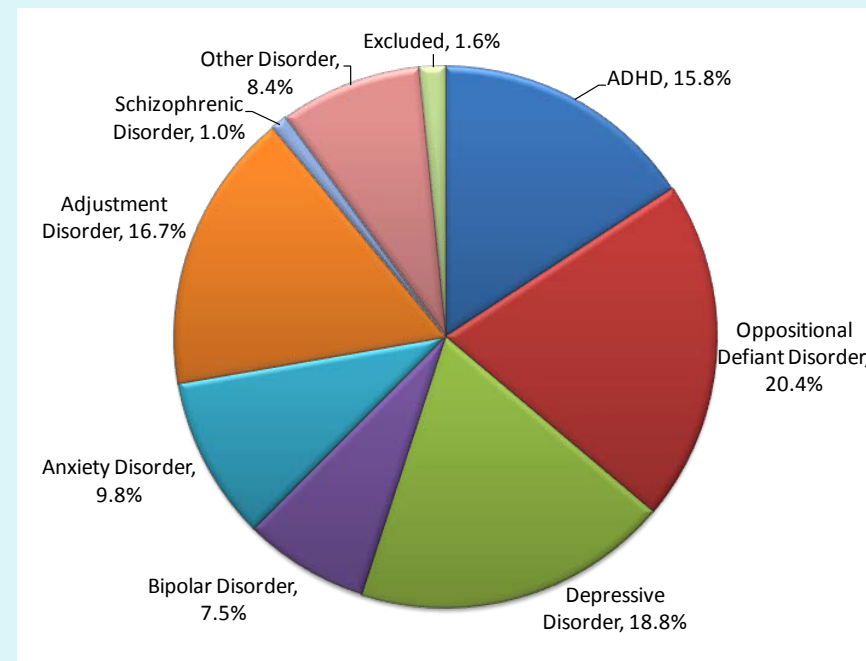
Who Are We Serving?

Clients were diagnosed with a variety of disorders, and 9% had a co-occurring substance abuse issue.

Primary Diagnosis*

The most common diagnoses among children and youth served by County Mental Health Services are:

- ❖ Oppositional Defiant disorders (including Conduct and Disruptive behaviors)
- ❖ Depressive disorders
- ❖ Adjustment disorders
- ❖ Attention Deficit Hyperactivity Disorder (ADHD)



* Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2010; or, the most recent valid diagnosis.

Co-occurring Substance Abuse

1,645 unduplicated youth (9.3% of the total population) who received services in FY09-10 had a substance abuse problem.**

- **71%** (1,161 of 1,645) had a dual diagnosis. The majority of these youth received substance abuse counseling as part of their EPSDT mental health services.
- **46%** (753 of 1,645) received services from ADS.
- **16%** (269 of 1,645) received both County Mental Health services *and* ADS services in FY09-10 *and* had been identified as having a dual diagnosis by their mental health provider.

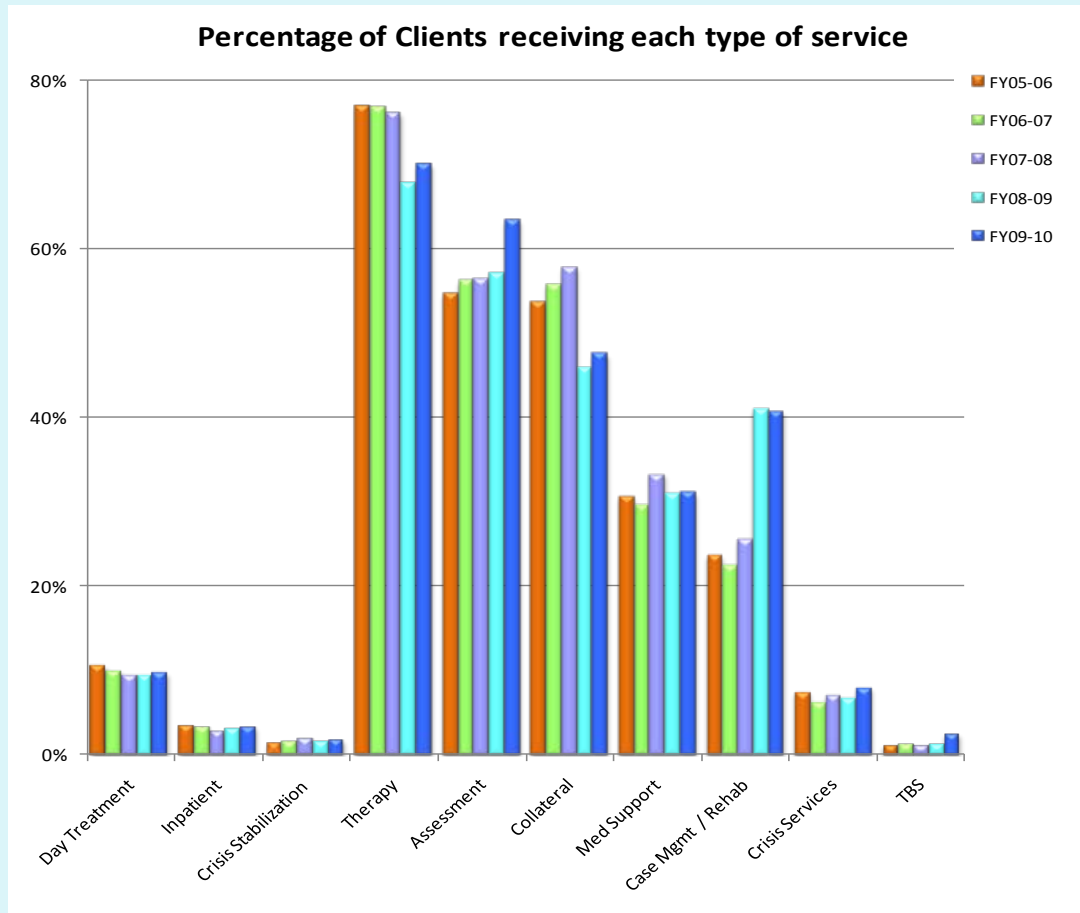


** Substance abuse problems were operationally defined as a dual diagnosis (a secondary substance abuse diagnosis or another indication of substance abuse problem) and/or involvement with Alcohol and Drug Services (ADS).

What Kind of Services Are Being Used?

Types of Services Used

Children and youth may receive multiple services in the course of a year, and the amount and type of each service received can vary widely by client. Refer to Appendix A for a description of provider and service types.



❖ The percentage of clients receiving Assessment and Case Management services increased dramatically from FY07-08 to FY09-10

❖ FY08-09 service data may not be directly comparable due to the Management Information System (MIS) transition from InSyst to Anasazi

What Kind of Services Are Being Used?

Service Use by Primary Diagnosis

- ❖ Youth with an **oppositional/conduct, bipolar or schizophrenic disorder** used more Outpatient services on average than youth with other diagnoses.
- ❖ Youth with a **bipolar or schizophrenic disorder** used more Day Treatment and Inpatient services on average than youth with other diagnoses.
 - They were more likely to use Inpatient hospital days (9% and 20% respectively as compared to 3% among total youth client population) in FY09-10.
 - These findings have been consistent over the past 5 years.
- ❖ Youth with ADHD
 - 58% of youth with ADHD received **Medication Support services**, as compared to 31% of the total sample in FY09-10.
 - Youth with ADHD were slightly less likely to use Day Treatment services; however, the **duration of Day Treatment was higher** (109 mean service days, compared to 73 for the total youth client population).

Service Use by Race/Ethnicity

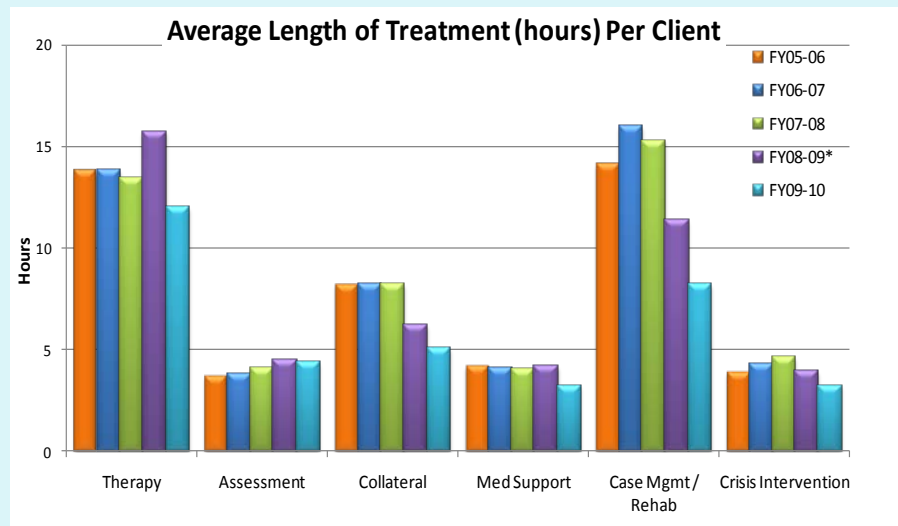
- ❖ Compared to the total youth average, **African American** youth used more **Collateral, Case Management, Medication Support, Crisis and TBS** services. **African Americans** were also more likely than any other racial/ethnic group to use **Day Treatment** services.
- ❖ Compared to the total youth average, **White** youth used more **Collateral, Therapy, Assessment, Medication Support, and TBS** services. **Whites** also had the **highest mean number** of Inpatient service days of any racial/ethnic group.
- ❖ **Native Americans** were slightly less likely to use TBS services; however, **duration** of TBS treatment was more than double the general population. **Native Americans** also had the **highest mean number** of Day Treatment days of any racial/ethnic group.
- ❖ **Asian/Pacific Islanders** were more likely than any other racial/ethnic group to use Inpatient services.

Detailed data tables on service utilization by client characteristics are available in Appendix F.

What Kind of Services Are Being Used?

Outpatient Service Hours

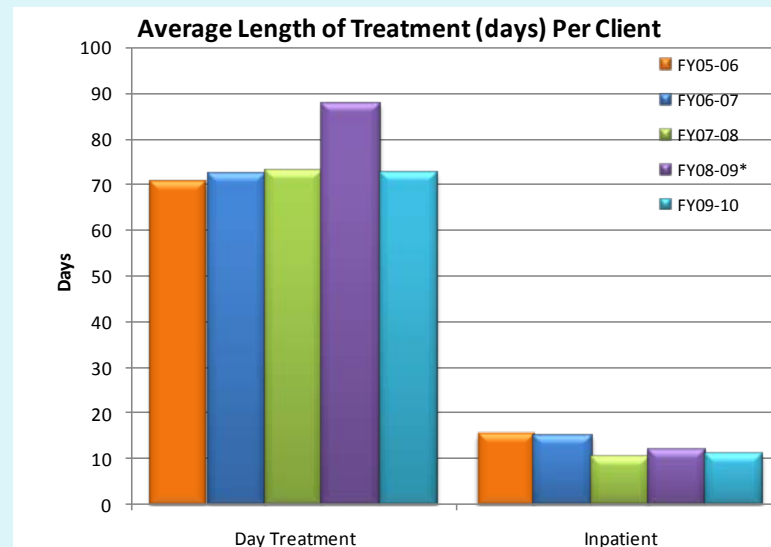
On average, clients received **6 hours of Outpatient services** in FY09-10.



*FY08-09 service data may not be directly comparable due to the Management Information System (MIS) transition from InSyst to Anasazi.

Service Days

The mean number of days for Day Treatment and Inpatient services appears to have **decreased** from FY08-09.



*FY08-09 service data may not be directly comparable due to the Management Information System (MIS) transition from InSyst to Anasazi.

Therapeutic Behavioral Services (TBS)

TBS services are special intensive coaching services designed to help stabilize placements, or avoid the need for a more restrictive level of care. In FY09-10, 444 clients received an average of 65 TBS hours.

What Kind of Services Are Being Used?

*Inpatient (IP) Services**

- ❖ 3% (598) of unduplicated clients used Inpatient services in FY09-10
 - 84% of these clients were ages 12-17
- ❖ Top 3 primary diagnoses
 - 47% Depressive disorders
 - 18% Oppositional / Conduct disorders
 - 17% Bipolar disorders
- ❖ 26% (154) of children receiving IP services had **more than one IP stay** in the fiscal year, a slight increase from 24% in FY08-09

**Detailed data tables on Inpatient service utilization are available in Appendix G.*



Emergency Screening Unit (ESU) Services

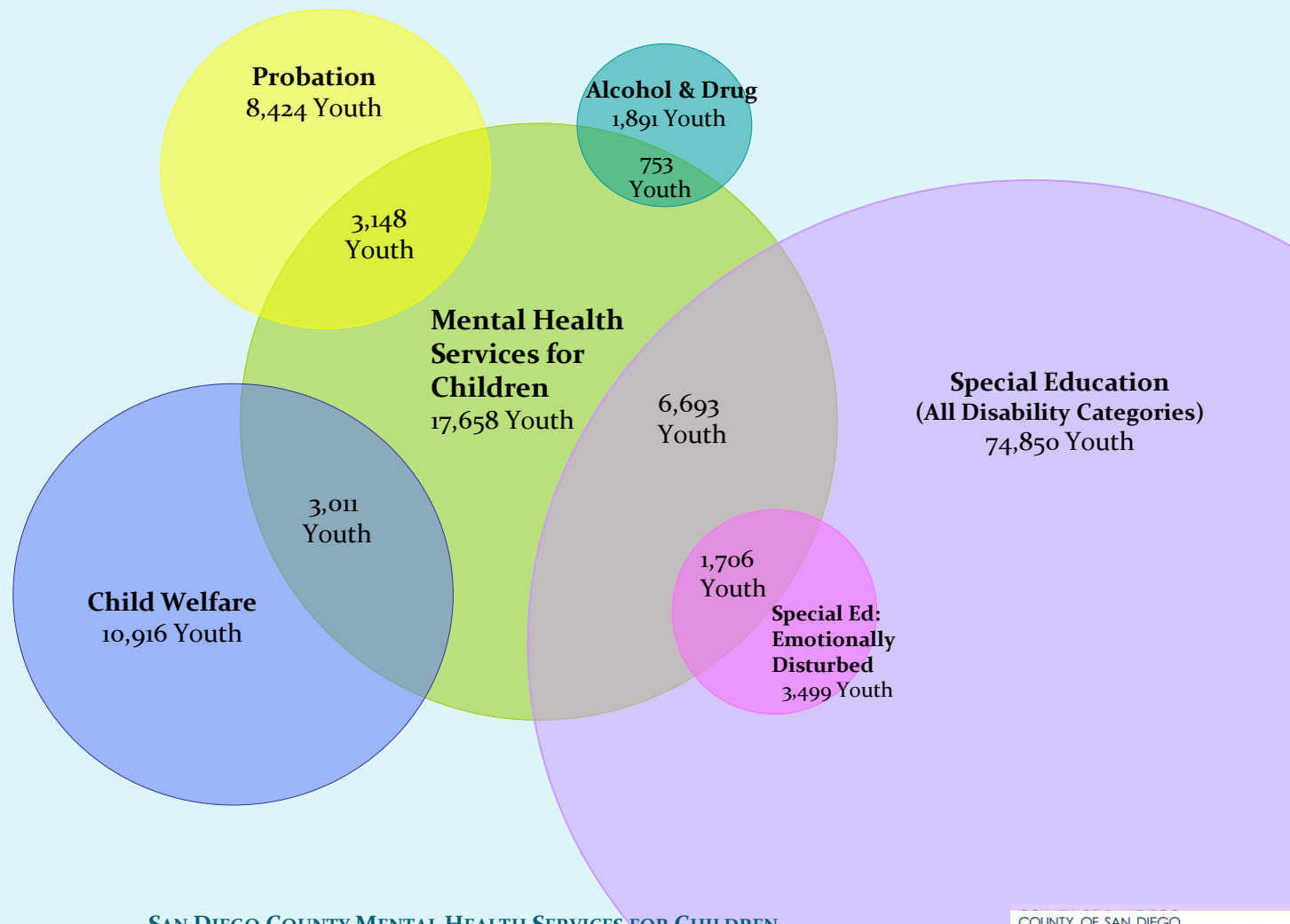
- ❖ 5% (930) of unduplicated clients used ESU services in FY09-10
 - 76% of these clients were ages 12-17
- ❖ Top 3 primary diagnoses
 - 35% Depressive disorders
 - 23% Oppositional / Conduct disorders
 - 11% Bipolar disorders
- ❖ 14% (133) of children receiving ESU services had **more than one ESU visit** in the fiscal year
 - Steady reduction from 39% in FY07-08

What Kind of Services Are Being Used?

Children and Youth Receiving Mental Health Services and Services From Other Sectors

❖ The percentage of Mental Health clients also receiving services from Special Education (all), Special Education (emotionally disturbed), Alcohol & Drug Services, and Probation has been relatively stable over the past five years

❖ The percentage of Mental Health clients also receiving Child Welfare services has declined steadily since FY05-06



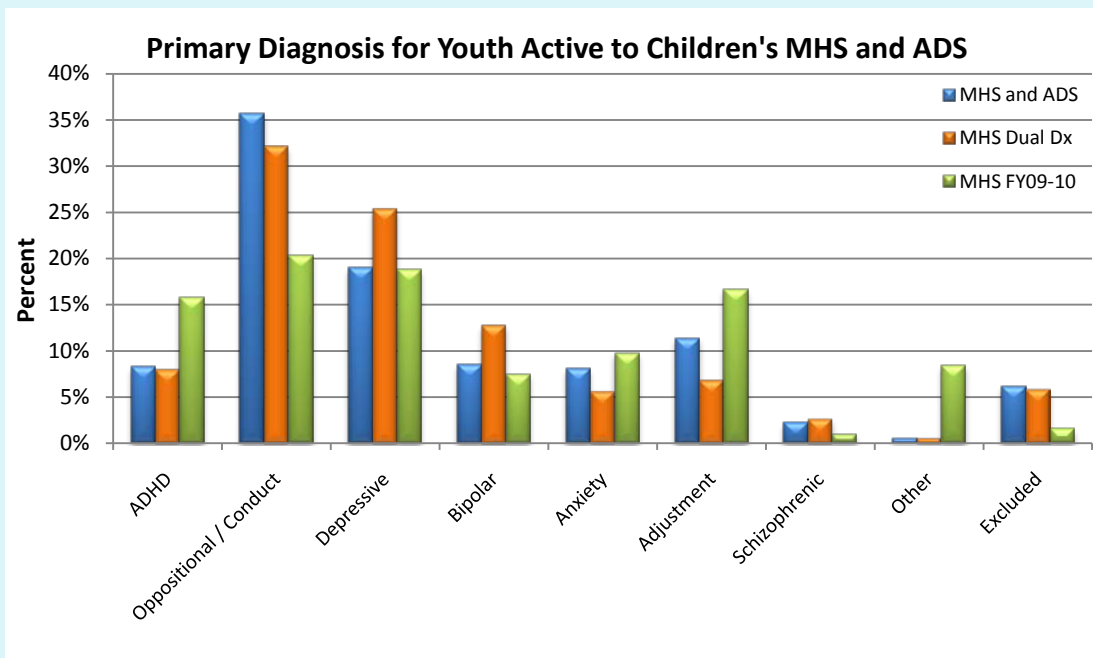
What Kind of Services Are Being Used?

Children and Youth Receiving Mental Health Services and Services From Other Sectors



4.3% (753) of youth receiving Mental Health Services were also active to Alcohol and Drug Services in FY09-10.

Youth active to both Mental Health Services and ADS, and youth with a dual diagnosis, were more likely to have an oppositional/conduct disorder than youth in Mental Health Services overall. This pattern has been consistent over the past 5 years.



Detailed information on demographics and service of these youth is in Appendix G.

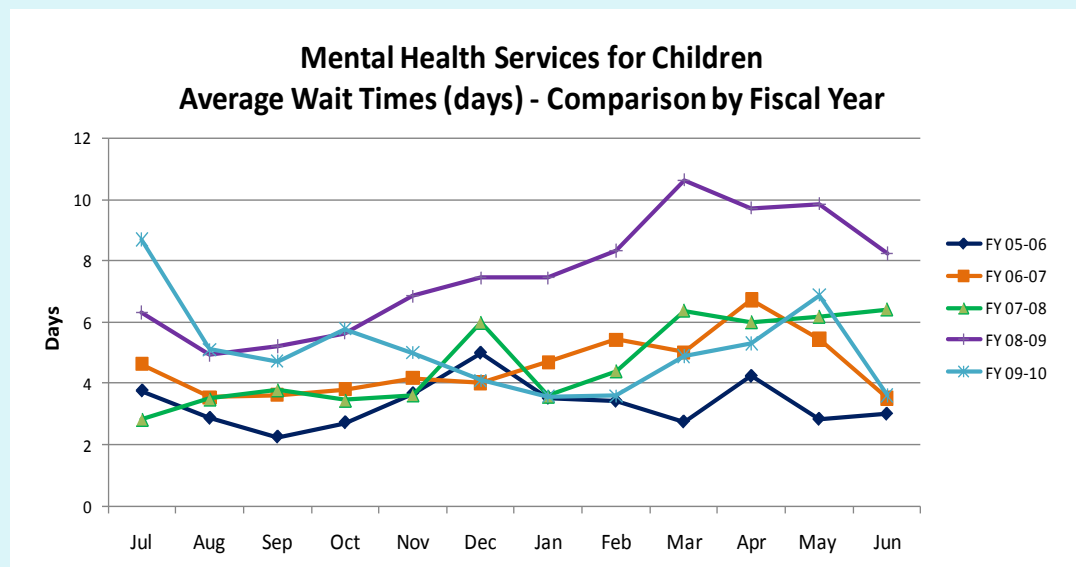
How Quickly Can Clients Access Services?



Wait Time

Wait times vary greatly by program, with some sites having a long wait to receive services and others being able to offer immediate access. Families are informed of the options available to them.

In FY09-10, children waited an average of **5.1 days** to receive services. While the goal of a wait time of less than 5 days was not met, wait time significantly improved over the 7.6-day average reported in FY08-09.



Are Clients Getting Better?

Clients are improving, as evidenced by assessment test results, outcome measures, service data, and client feedback.

Assessment Tools Used

- ❖ The Child and Adolescent Measurement System (CAMS), a measure of youth emotional and behavioral symptoms completed by youth and/or caregivers
- ❖ The Children's Functional Assessment Rating Scale (CFARS), a measure of youth symptoms and behavior completed by clinicians
- ❖ Inpatient Readmission Rates
- ❖ The Youth Services Survey (YSS)



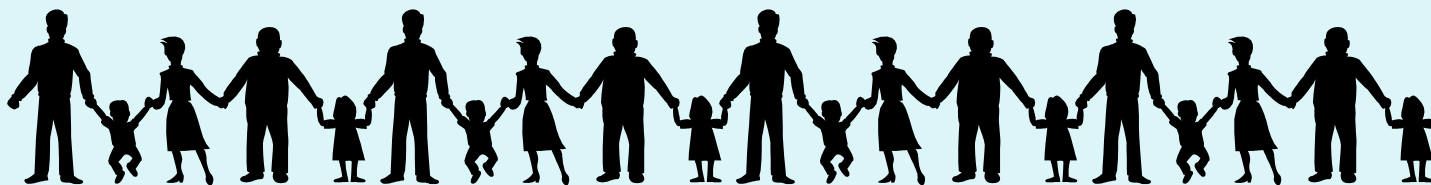
Are Clients Getting Better?

Child and Adolescent Measurement System (CAMS) Results Indicate Improvement

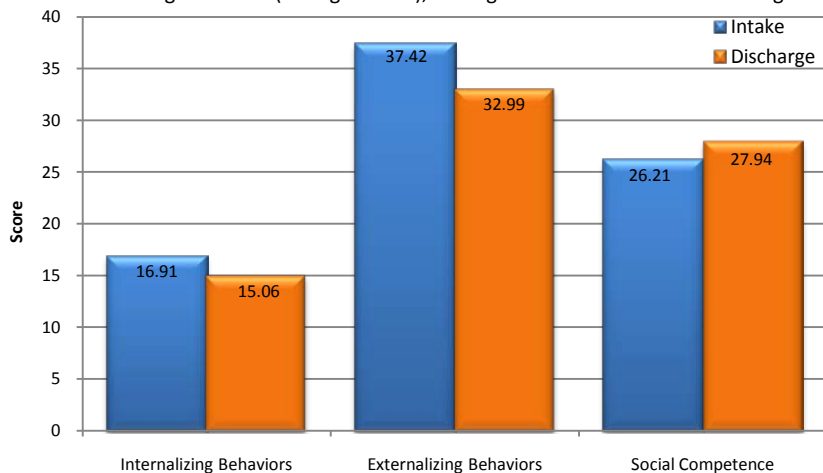
The CAMS measures a child's competency, behavior and emotional problems. In FY09-10, the CAMS was administered to all parents/caregivers, and to youth ages 11 and older, at Intake, at every 6-month timepoint, and at Discharge. The CAMS was not administered in any Inpatient setting.

A *decrease* on the Internalizing (e.g., depressive or anxiety disorders) and/or Externalizing (e.g., ADHD or oppositional disorders) CAMS score is considered an improvement. An *increase* in the Social Competence (e.g., personal responsibility and participation in activities) score is considered an improvement.

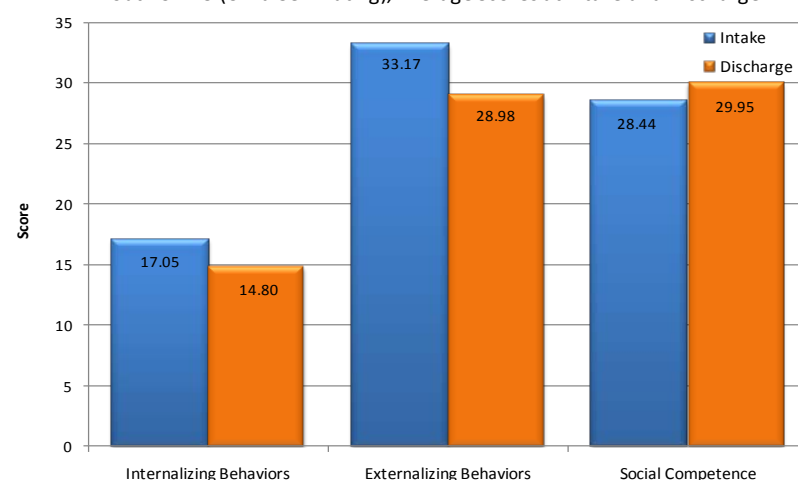
CAMS scores for youth discharged from services in FY09-10 who had both Intake and Discharge scores for all three scales (N=2404 Parent CAMS and N=1,299 Youth CAMS) revealed improvement in youth competency, behavior and emotional problems following receipt of mental health services.



Caregiver CAMS (Rating of Child), Average Scores at Intake and Discharge



Youth CAMS (Child Self-Rating), Average Scores at Intake and Discharge



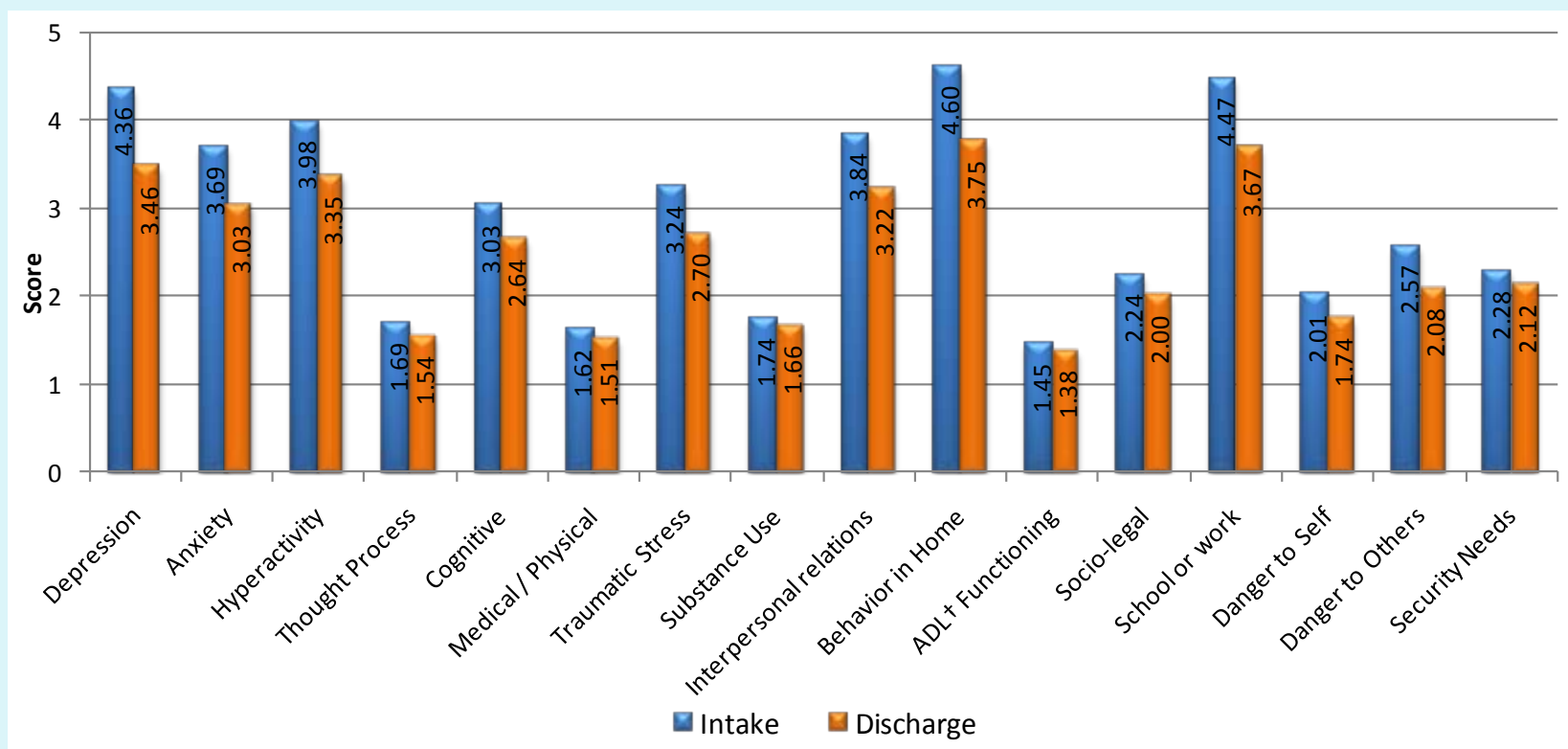
Are Clients Getting Better?

Children's Functional Assessment Rating Scale (CFARS) Results Indicate Improvement

The Children's Functional Assessment Rating Scale (CFARS) measures symptoms and behavior and is completed by the client's clinician. Data were available on 5,456 clients who discharged in FY09-10 and had both Intake and Discharge scores for every CFARS domain. The CFARS was not administered in any Inpatient setting.

A decrease on any CFARS variable is considered an improvement.

CFARS scores revealed improvement in youth symptoms and behavior following receipt of mental health services.



†Activities of Daily Living

Are Clients Getting Better?

Readmission to High-Level Services

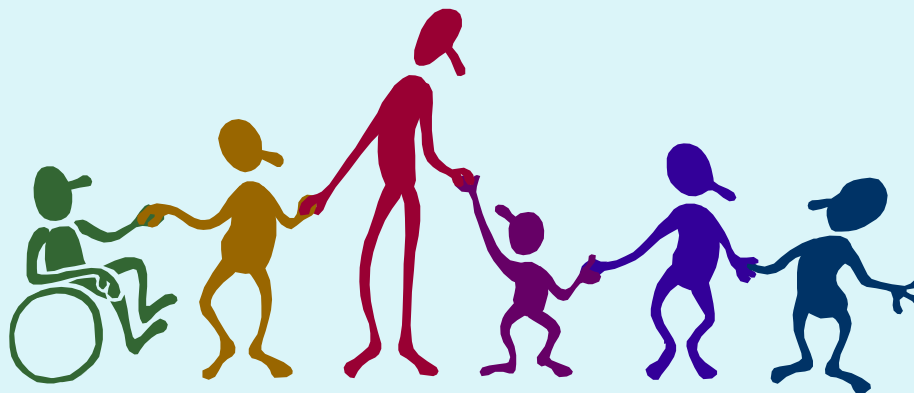
The goal of high level services, such as inpatient hospitalizations and emergency screening, is to stabilize clients and move them on to the lowest appropriate level of care. Repeat use of these services within a short period of time may indicate that a client did not receive appropriate aftercare services.

Inpatient (IP) Services

- ❖ 26% (154) of clients who received Inpatient care had more than one IP episode (ranging from 2 to 10) during FY09-10.
 - 51% (78 of 154) of clients with more than one IP episode were re-admitted to IP services within 30 days of the previous IP discharge—a notable **increase** from 39% (45 of 116) in FY08-09.

Emergency Screening Unit (ESU) Services

- ❖ 14% (133) of clients who received ESU care had more than one ESU episode in the fiscal year.
 - 49% (65 of 133) clients of clients with more than one ESU episode were re-admitted to ESU services within 30 days of the previous ESU discharge—a notable **decrease** from 60% (82 of 136) in FY08-09.



Are Clients Getting Better?

The Youth Services Survey (YSS) Results Indicate Better Outcomes for Clients in Service More than One Year

The Youth Services Survey (YSS) is a biennial state-mandated survey; in FY09-10 it was administered to clients during two 2-week periods in November 2009 and May 2010.

The Survey is completed by all clients, ages 13 and older, as well as the parents/caregivers of all youth receiving services regardless of age. A total of 8,545 surveys were completed in FY09-10.

The Survey gives a snapshot in time of how youth receiving Mental Health services look, and whether these data change with duration of services received.

Specifically, the Survey provides data regarding three outcomes areas of interest: arrests, substance use, and consumer satisfaction.

YSS Key Findings

- ❖ On average, clients in service for more than 1 year reported less substance abuse and fewer arrests than clients in service for less than 1 year.
- ❖ Parents/caregivers are more satisfied than youth on 5 of the 7 domains. This pattern has been found in other studies of parent and youth satisfaction and may reflect the youths' perception of limited choice in their own treatment decisions.
- ❖ Differences were most pronounced on the Participation in Treatment domain.
- ❖ Youth reported slightly higher satisfaction than parents on the Positive Outcomes and Functioning domains.



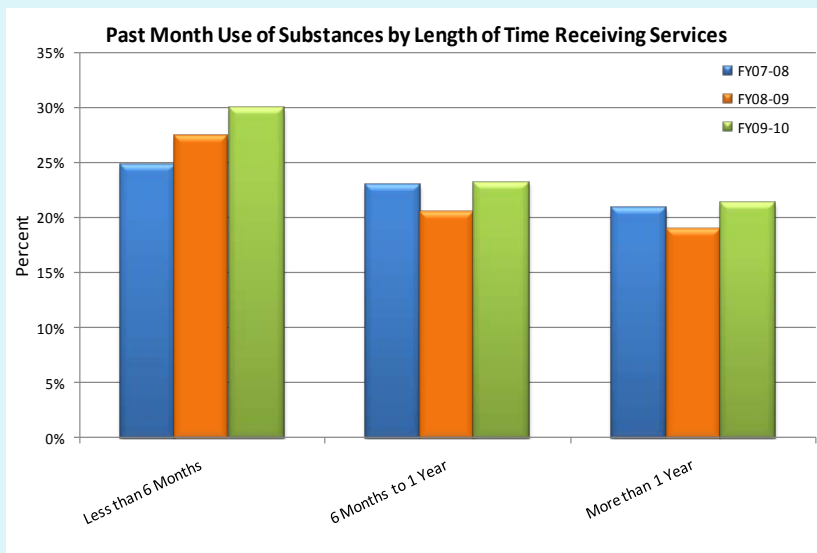
Are Clients Getting Better?

Reduced Substance Abuse

In the YSS, youth age 13+ were asked whether they had used any of a list of substances (alcohol, cigarettes, ecstasy, cocaine, marijuana, crystal meth, inhalants, hallucinogens, opiates, injected drugs) in the past month. 3,167 youth answered the substance use question in FY09-10.

Overall, **26% of youth** stated that they had used one of these substances at least once in the past month.

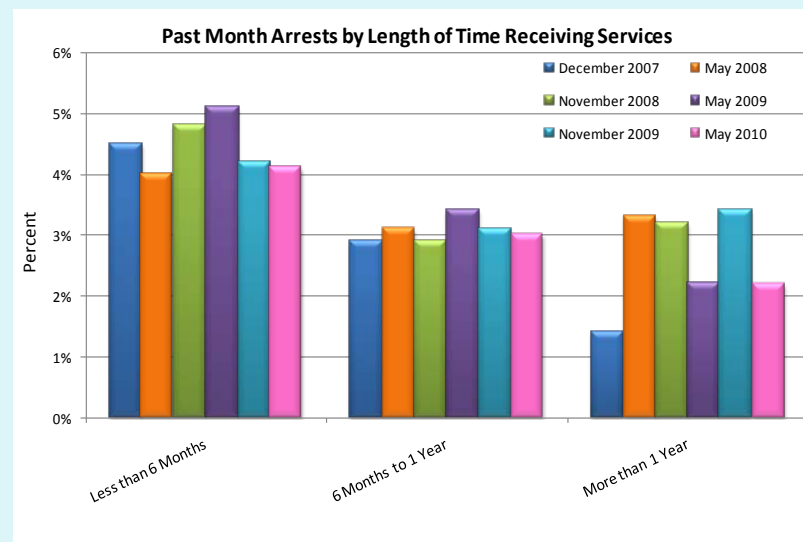
The **three most commonly used substances** in the past month were: **Marijuana (15%), Cigarettes (14%), Alcohol (13%)**



Fewer Arrests

In the YSS, both the youth (ages 13+) and parent respondents were asked to report on whether the youth had been **arrested for any crimes in the past month**, and if so, how many times the youth had been arrested. 8,214 respondents answered the arrest question in FY09-10.

Overall, clients in service 6 months or longer had fewer arrests than clients who received less than 6 months of treatment.



Are Clients Satisfied With Services?

The Youth Services Survey (YSS)—Satisfaction By Domain

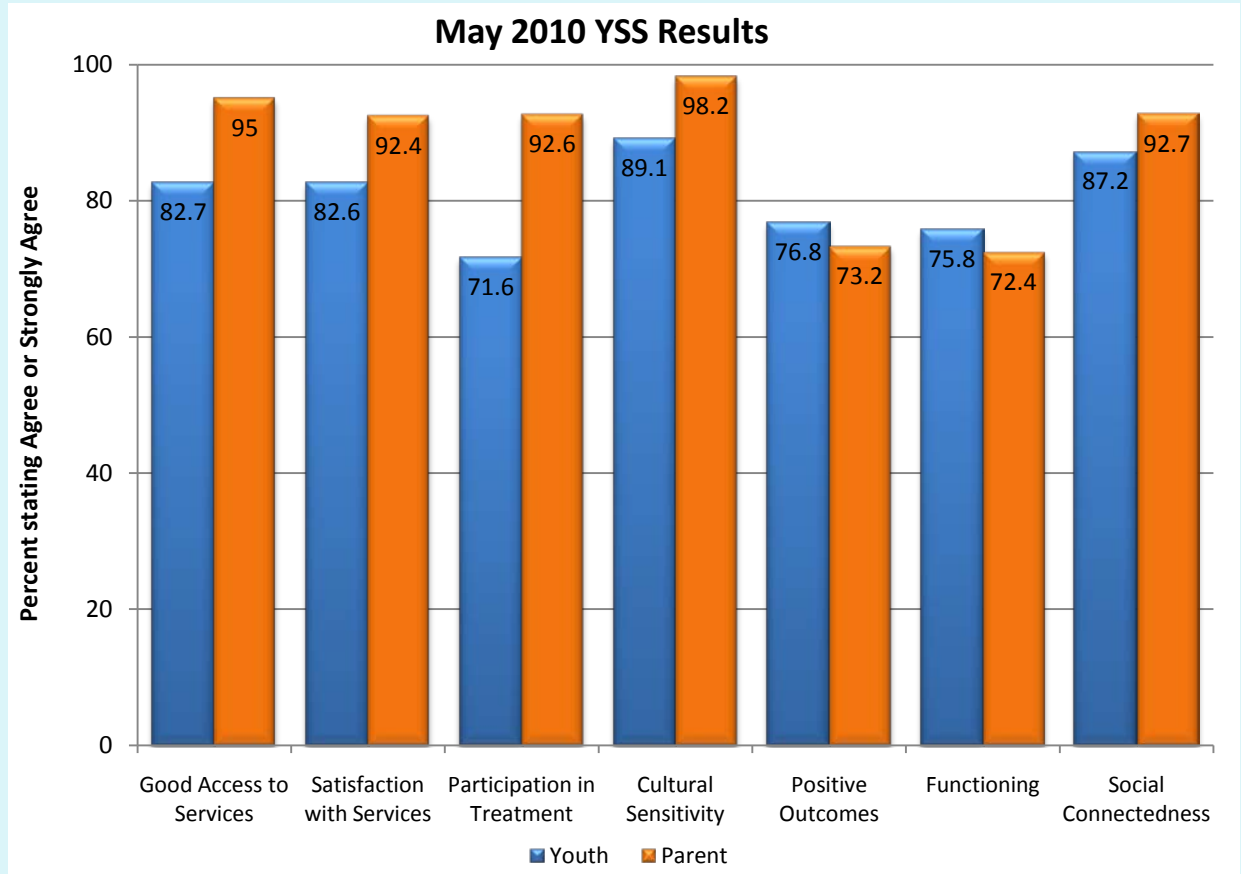
Youth and their parents reported their degree of satisfaction with mental health services received.

YSS Satisfaction questions were grouped into seven domains:

1. Good Access to Services
2. Satisfaction with Services
3. Participation in Treatment
4. Cultural Sensitivity
5. Positive Outcomes
6. Functioning
7. Social Connectedness

❖ Parents were **least satisfied** with Positive Outcomes and Functioning.

❖ Youth were **least satisfied** with Functioning and Participation in Treatment.

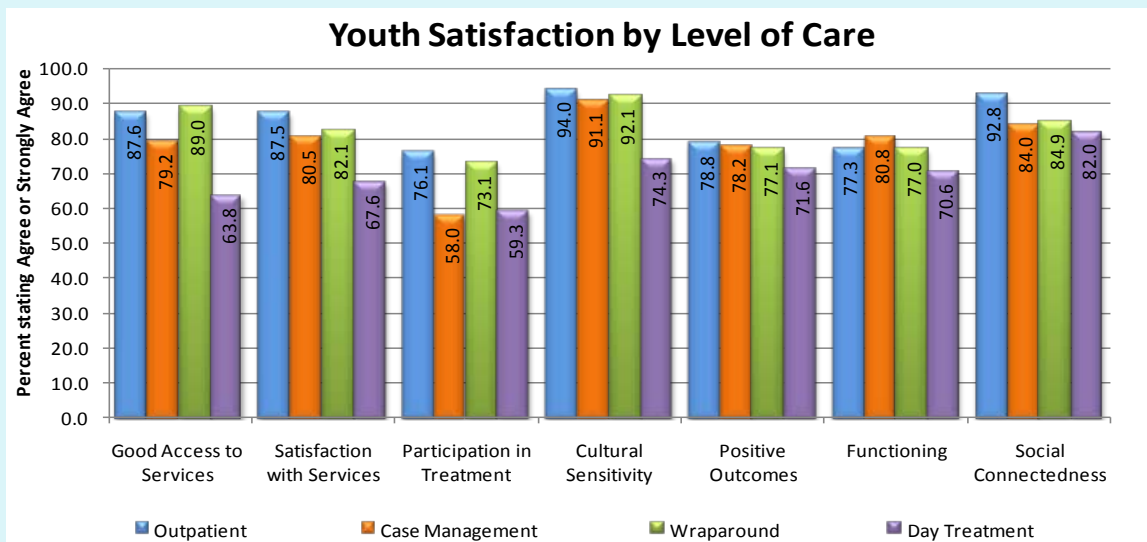
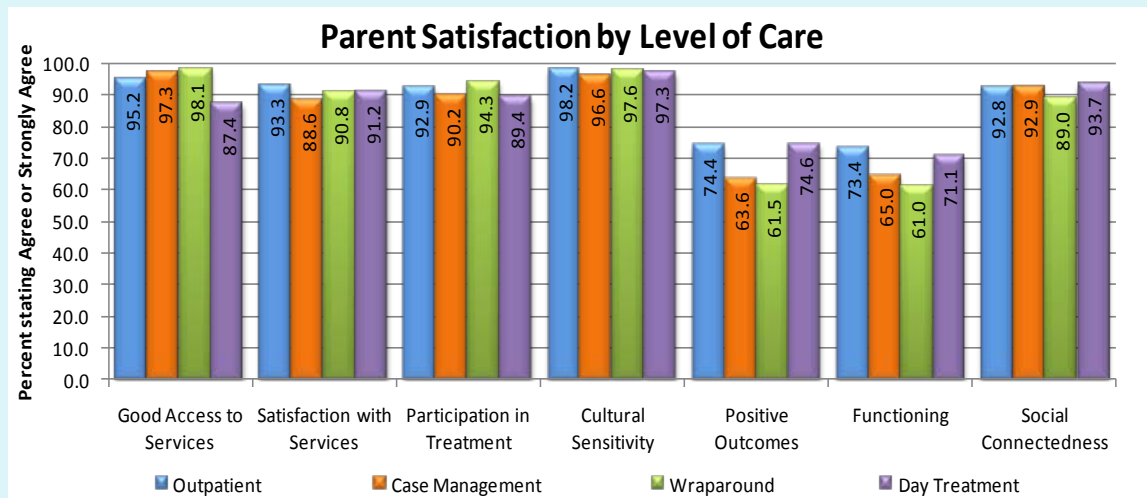


Are Clients Satisfied With Services?

The Youth Services Survey (YSS)— Satisfaction By Domain

Youth and Parent satisfaction with mental health services was grouped by level of care.

- ❖ Parent scores are higher on average than the youth scores, except for Positive Outcomes and Functioning.
- ❖ Cultural Sensitivity has the highest scores across the service groups for both parent and youth respondents, except for youth who received Day Treatment.
- ❖ Youth receiving Day Treatment services reported lower levels of satisfaction in all seven domains, as compared to the other service groups.
- ❖ Youth receiving Outpatient services and their parents scored equally on Social Connectedness.



Appendices

Appendices B-G are available electronically or in hard copy from:

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- ❖ Appendix A Glossary of Terms
- ❖ Appendix B Service Utilization by Children with Open Child Welfare Cases
- ❖ Appendix C Service Use by Youth Receiving Special Education Services
- ❖ Appendix D Service Utilization by Children active to the Probation sector
- ❖ Appendix E Examination of Primary Diagnosis by Client Characteristics
- ❖ Appendix F Detailed Service Utilization Data Tables
- ❖ Appendix G Description of Clients by Service Type



Appendix A: Glossary of Terms

- **Assessment** includes intake diagnostic assessments and psychological testing.
- **Case management services** can be provided in conjunction with other services or they can be a stand-alone service that “connects” children, youth and families to the services they need, monitors their care, and oversees the components of care provided to the child and family. “Intensive” case management services are a combination of several modes, with services being focused on the home and family in a “wraparound” model. These services may be short-term or long-term in nature. The goal of these services is to keep children and adolescents in a home setting with services “wrapped” around the home, rather than sending children into residential treatment settings.
- **Collateral services** include family therapy, case consultations, teacher or other professional consultations, attendance at IEP meetings or any other conversations related to the client and treatment plan.
- **Crisis services** include crisis intervention services provided by the programs or at the Emergency Screening Unit.
- **Dual diagnosis** occurs when an individual has both a mental disorder and a substance abuse problem.
- **Emergency Screening Unit (ESU)** provides crisis intervention, emergency screening services and crisis stabilization services (up to 24 hours) for children and adolescents throughout San Diego County. Services are available 24 hours / 7 days a week.
- **Fee-for-service providers** are primarily licensed **clinicians in private practice** who provide services to clients on a fee-for-service basis. These providers are spread out over the county and represent a diversity of disciplines, cultural-linguistic groups and genders in order to provide choice for eligible clients. There are also three fee-for-service inpatient hospitals that provide services for children and adolescents in San Diego County.
- **Full-service partnership (FSP)** programs are comprehensive programs which provide all necessary services and supports, including intensive services, to clients with a high level of need to enable them to live in their community.
- **Inpatient services** are delivered in hospitals.

Appendix A: Glossary of Terms

- **Intensive day treatment services** are provided in an integrated setting with the child's education as part of the day. These services are planned and delivered in close coordination with a local education agency. The focus is on psychotherapy interventions.
- **Juvenile Forensic Services** provide services primarily in Probation institutions within San Diego County. Juvenile Forensic Services provides assessment, individual therapy, crisis intervention, consultation, and treatment services to children and adolescents who are involved with the Juvenile Court (both dependents and delinquents). Services are provided throughout the County at sites including Juvenile Hall and Girl's Rehabilitation Facility, Polinsky Children's Center, Juvenile Ranch Facilities, and Camp Barrett.
- **Mean:** Commonly called the average, the mean is the sum of all the scores divided by the number of scores.
- **Median:** The median is the middle of a distribution: half the scores are above the median and half are below the median. The median is less sensitive to extreme scores than the mean and this makes it a better measure than the mean for highly skewed distributions. For example, median income is usually more informative than mean income.
- **Medication services** include medication evaluations and follow-up services.



Appendix A: Glossary of Terms

- **Organizational providers** are community-based agencies and county-operated sites that are either part of the Health & Human Services Agency (HHSA) or have contracts with HHSA to provide mental health treatment services to specified target populations. These clinics can provide services to the general population, a specialized population or a population in a specific setting (e.g. school, home). Services are being delivered in more than 300 schools in 33 districts in San Diego County.
- **Outpatient services** are typically delivered in clinics, institutions, schools and homes.
- **Primary Diagnosis:** Diagnosis was determined by identifying the primary DSM-IV diagnosis at intake from the last episode of service prior to June 30, 2010. Earlier valid diagnoses were chosen when later episodes reported “diagnosis deferred” (799.9) or invalid diagnoses, ones in which there was no valid Title 9 or excluded code provided for any services for that particular client. **Excluded diagnoses** are those categorized as “excluded” by Title 9 (i.e. autism, learning disabilities). Diagnoses were then grouped into meaningful diagnostic categories according to the Title 9 Medical Necessity Criteria of the California Code of Regulations list of included diagnoses. The **Other diagnoses** category includes diagnoses such as Pervasive Developmental Disorder (PDD), Asperger’s Syndrome, Paraphilia, Reactive Attachment Disorder, elimination disorders, and eating disorders. Only one primary diagnosis was indicated per client for these analyses.
- **Rehabilitative day treatment services** are provided in an integrated setting with the child’s education as part of the day. These services are planned and delivered in close coordination with a local education agency. The focus is on skill building and behavioral adjustments.
- **Residential services** are divided in the way they are funded, with Child Welfare providing the funding for “room and board” and Mental Health providing the funding for treatment services through either an outpatient mode or a day treatment mode “patched” on to the “room and board” funding.
- **Therapeutic Behavioral Services (TBS)** include services conducted by paraprofessionals to assist youth in obtaining functional skills in the community, and are provided by programs with a TBS contract.
- **Therapy** includes individual and group therapy.
- **Youth** refers to all children and adolescents (ages 0-17) and young adults (ages 18-25) who received mental health services through CMHS providers.